

NO. 9

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A
Dissertation
on the management of the Placenta
after
Parturition.

by

Philip Watter of Penns:

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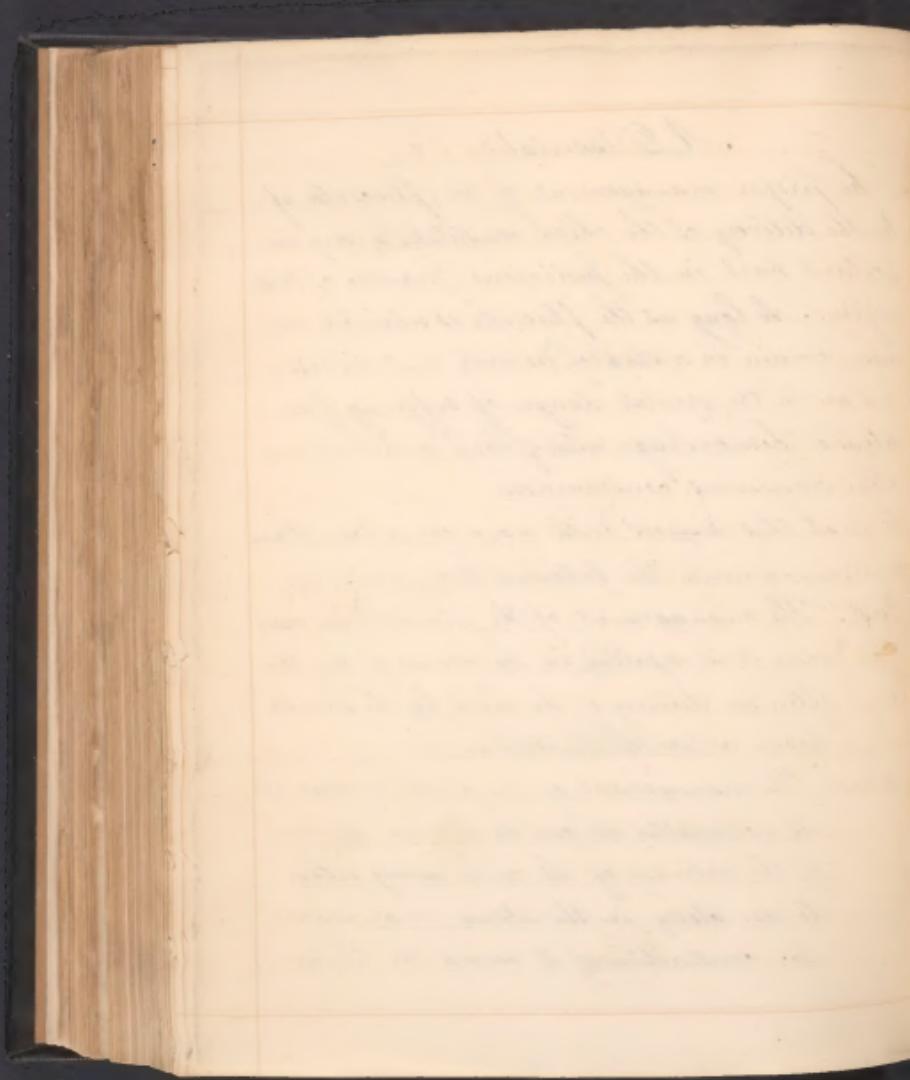
P. A Dissertation &c.

The proper management of the placenta, after the delivery of the child, constitutes a very important part in the judicious practice of midwifery. As long as the placenta is retained, women remain in a state of anxiety and distress, and are in the greatest danger of suffering from uterine hemorrhage; and, if long retained, from other dangerous consequences.

To treat this subject with more convenience, it may be arranged under the following two heads, viz:

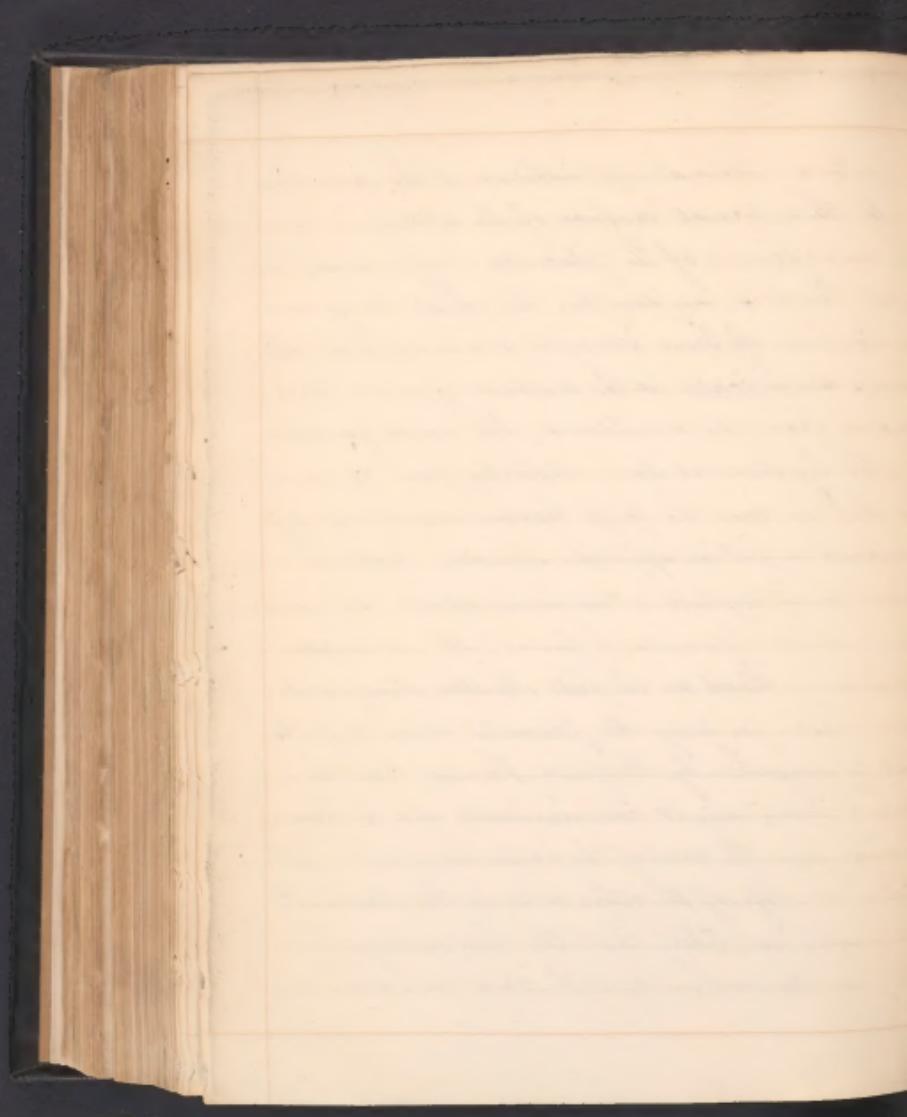
First. The management of the placenta, in cases where it is expelled in the course of one hour after the delivery of the child, by the spontaneous action of the uterus.

Second. The management of the placenta when it is not expelled in one hour from the time of the delivery of the child, owing either to an atony in the uterus; or an irregular contraction of it round the placenta;



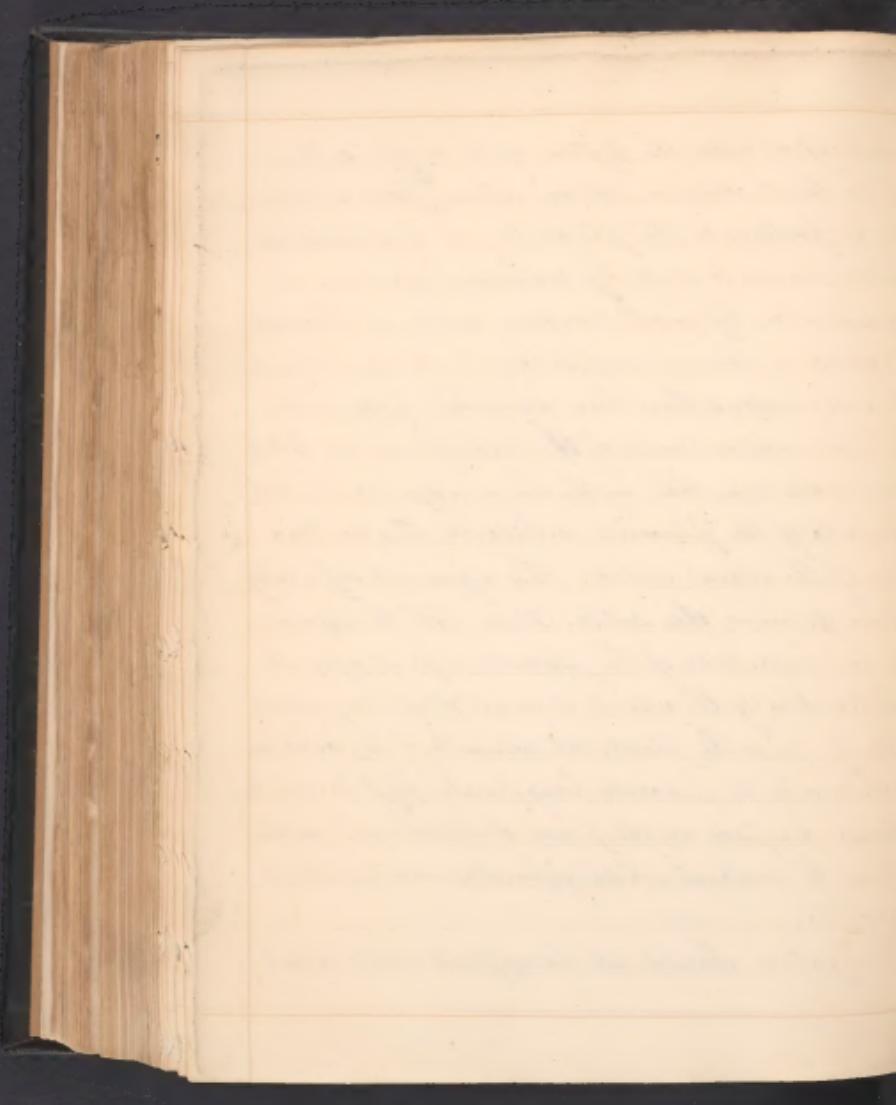
or to a heterotatural adhesion of the secundines
to the internal surface of the uterus.

The management of the placenta proper under the
first head is very simple. The child being born
a ligature of some strength is to be applied to the
funis umbilicalis at the distance of about three
inches from the umbilicus. The reason for apply-
ing the ligature at some distance from the navel,
is that, in case the first ligature should slip off
a second might be applied. An other ligature
ought to be applied to the funis about two inches
nearer to the placenta, to prevent the unnecessary
effusion of blood on the bed. Another strong, addi-
tional reason, for tying the placental whorlity of the
cord, is suggested by Professor James: that the
cords of twins might communicate, and the hem-
orrhage from the cord of the child born first, might
destroy the life of the other child in the uterus. It
is however not likely that the hemorrhage from
the placental whorlity of the cord, would have any



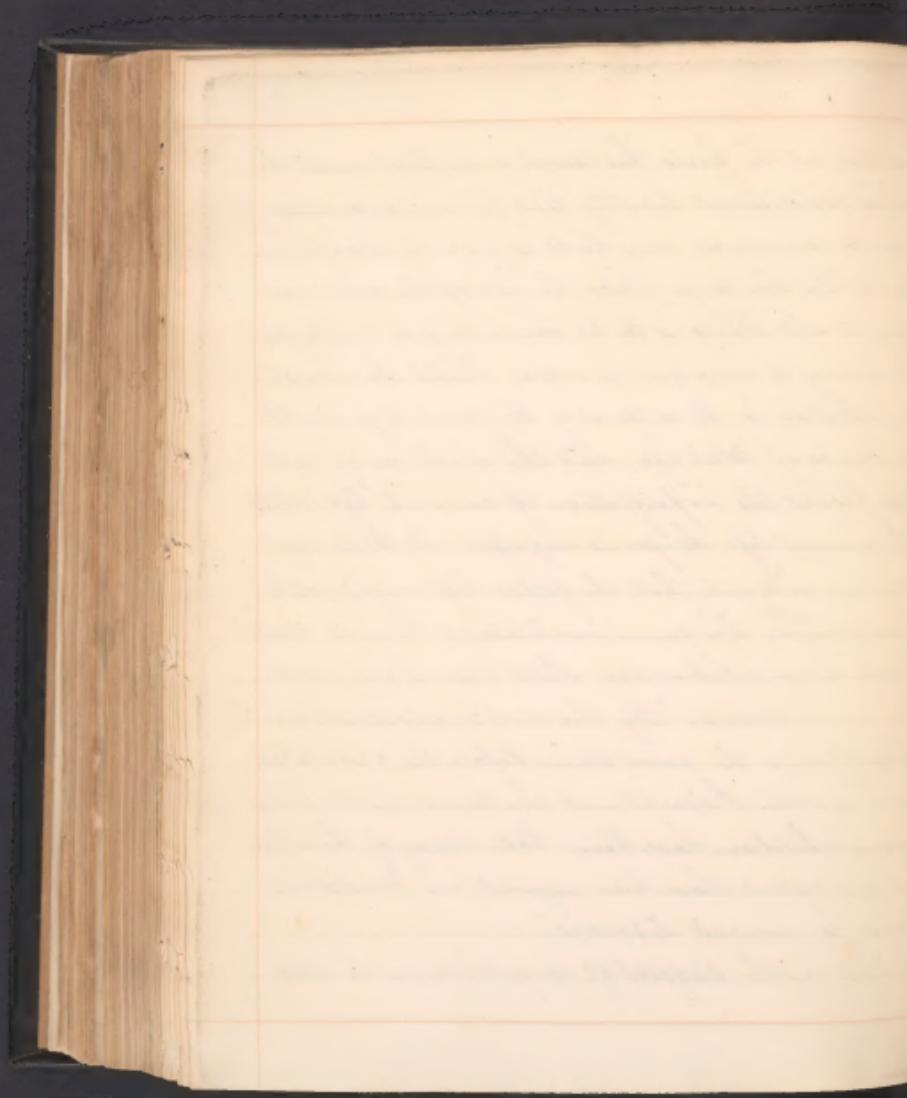
great effect upon the system of the mother, as there is no direct communication between ^{the} fetal and maternal portions of the placenta; at least this can not be proved to exist by ordinary injections, as agreed upon by most modern anatomists. Professor Hosack is however said, to hold a different opinion. Several reasons have been advanced by some, why the placental extremity of the cord should not be tied. They maintain, that, by the hemorrhage from the cord, the bulk of the placenta is lessened, and contraction of the uterus assisted. This argument is probably more specious, than solid. Since both the separation and expulsion of the placenta depend upon the contraction of the uterus, it is not at all improbable that, by tying the placental extremity of the cord, the substance of the placenta being thereby left buried, the uterine surface at the place of attachment, is stimulated to contract, which separates and expels the placenta.

The ligature should not be applied until the per-



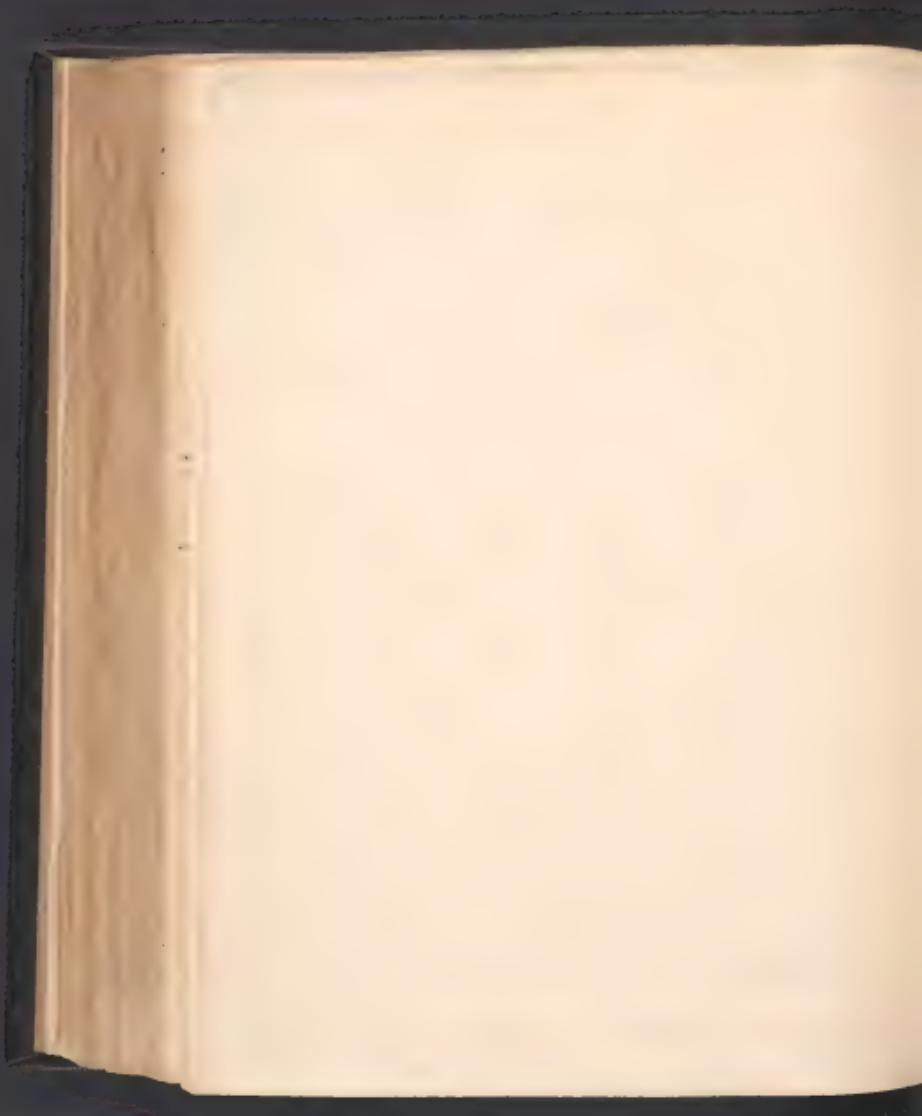
sation at the funis has ceased, or at least until the child has cried out heartily, that the new circulation now to commence may be thus properly established. Until this has taken place the life of the child according to Mr. White is to be considered as merely fetal, or as if it were yet in utero. Whilst there remains a pulsation in the arteries of the funis, it proves the existence of fetal life; and the existence of fetal life proves the imperfection of animal life. Whilst the animal life therefore is imperfect, Mr. White lays it down as a rule, that the fetal life ought not to be destroyed. The funis umbilicis therefore should never be divided or tied, whilst there is any pulsation in the arteries. By this most inconsiderate method of tying the navel string before the circulation in it is stell, I doubt not (continues Mr. White) but many children have been lost, many of their principal organs have been injured, and foundations laid for various disorders.

Whist on the subject of tying the funeral, an obser-



value of the same may be increased by a
certain percentage, and the same
percentage will be lost in value
and the value added will be lost in
value and increased. All the time we have in
the time, a unit of a commodity, to be a
certain percentage.

After the child is measured to see if it is
able to be bottle fed according to the time
it was born, or whether the uterus has been
dislodged on the floor, or to see if the
uterus is in a way to pull on the
child's intestines. This can be seen and
the enlarged uterus will be seen. If the uterus
is large and the intestines and ovaries have to
pull on it and it is not able to pull on the
uterus, it will have to be surgically removed
and the uterus has not been in
any manner upon the placenta it is left and
is diminished in size of a certain percentage.



to the sea. I have been to the
sea. I have not been to the sea. I
have not been to the sea.

In the mean time the hand of a visitor
should be applied to the abdomen.

Now the hand which may well be used
is the right hand. If he passes a hand to
the left, it is not so well. It is not
well if the hand is not in contact with the
abdomen. The hand should be applied to the

abdomen in fifteen or twenty minutes according
as it is required and then to take a
cup of tea to induce the effusion
of the mucus, and then to take a
bath. And one should be kept for
a day or two in the bath.

And one should be kept for
a day or two in the bath.

I have not been to the sea.



When a pain is felt by the woman, we apply the hand to the abdomen to ascertain whether the same can be felt a contact for the woman, or after passing the hand so laid out as to be ready to lay hand, the forefinger of the right hand is to be laid upon the right umbilicus, so as to indicate the point of pain. If the description of the pain is not so clear, we may feel with the hand, and then lay the hand gently upon the upper part of the vagina, either as may be most easily practicable and convenient, in order to assist in bringing away the place to which, with the piece of string, a small number of the man's stockings, has been attached. If he be not on his guard at this moment, if however he has a suspicion of what we are about, Professor Janet



recommend the gentle introduction of forceps
into the uterus, to remove the placenta, and
if it does not come, to make a slight incision
and the hand is expelled.

The membranes are sometimes left in the uterus
even after the extraction of the placenta, and may
prove a source of great alarm both to the patient
and to her friends. As they generally come away
spontaneously in the course of a short
time, little harm will be result to the patient
from their retention, yet as this occurs so
rarely give rise to impressions prejudicial to
the reputation of the young physician, it
ought to be avoided. In order therefore to
remove the membranes with the placenta, which
advised by Professor Tammes that after remov-
ing brought the placenta to the several
office of the vagina we should turn it upon
its own axis so as to twist the membranes
together and by these means a ligature to be



whole of its second part. It sometimes happens that the last part of the uterus is so full the child is also deformed and requires to be cut into the upper, and the vagina of course it is retained either in consequence of the placenta being in a double layer, or the external parts being so rigid and contracted which they are all to be over come just before birth. In such cases the practitioner may be patient as his patience is tried, yet no pains will come on. If under such circumstances they are to be slid up along the fundus the placenta is still low down, and the insertion of the cord to it may readily be perceived. In such cases Professor Truitt thinks it proper directly to proceed to the extraction of the fetus by gently pulling at the cord and the placenta in a rage by inserting the forceps also bending down first one edge and then the rest of the placenta until fallen.



I shall not go out of the way
out of the power to make the world know
when calamities in consequence of any of
the above reasons, will come into any
of the above cities, with such certainty
as to draw attention to the former, and
internal strife of the State. The place to be
a scene of these calamities may be known
and in the future for many years to come
by some signs.

One finds a confidence in the power of God
but in vain to make any prediction of
floodings taking place. So places to be avoided
in particular. Others with equal seal should be
brought away immediately, of all, including
child. The safest places seems to be between
the two extremes. So leave the requisition of the
law to altogether to nature it is still often too
well over to see, for as long as it is not
so much as seen, it will be safe, and not
reached in mind and reason. So then make



that it would be in the power to shoot him
totally a completely detached, in a place it is
likely to occur. It is difficult to tell when
the risk of the explosion is coming. The
of these vessels is now as far as the
can be exposed; but we have no security
that this adhesion shall continue until 150
for my benefit of time. As long the war is
likely to continue the war as it now goes
for the risk of flooding. In many cases we
has died from his wants before he has
come away; and in many other cases he has
been followed by fatal hemorrhage. Which
in his treatise on the management of gesta
and lying-in women, relates several cases
in which the practice of having the胎
expelled by water is used as a practice of fatal
hemorrhage although the practice is not
described. This although a dreadful practice is
not the only one existing from the 150



at the time of the peace signed
decidedly considerate of force and made
to be the cause of war with all, and off
to prevent.

It would be simplest to let you know
as far as possible of the present
- the present situation no doubt to
his superior understandings. Let
me first tell you, Sir, you will not be
impatient to know how the situation
is likely to turn out. That will be as
soon as the expulsion of the French
will have been effected and especially
if Mr. Hamilton has caused an interview
to be had as soon as possible. It will be
to remain too long; he left for Paris on the 1st of
January.

It is therefore, I will not now, that you
are anxious for the expulsion of the French to
be speedily effected, and that is for a



too against the evils of spontaneous abortion
who suppose that nature is in every instance
adverse to the uncomplicated delivery of the
fetus. On the other hand daily evidence
must convince every one that there is no occa-
sion for extracting the placenta immediately
after the birth of the child, for it is usually
expelled in perfect safety. This is the case
when the child is delivered. But when
the hasty extraction is done the placenta does
not always remain; and as it is sometimes followed
by uterine hemorrhage, and it rarely does
so, and by inversion of the uterus.
The practice then may be comprised
in directions, firstly that we ought
to leave the uterus until the placenta be
expelled, and secondly, if it does not occlude
within an hour after the delivery of the
child we ought to extract it. If however
in any case it should supervene we must interfere.



47, it being adjusted in a transverse
manner to the mouth of the placenta
it is rendered a transverse placenta
or transverse.

With regard to the 2nd question it may be
said that it is not to be regretted to be
in possession of the skill to conduct a
surgery to the uterus made to a tract full of
danger.

As to the mode of extracting the placenta
it would be no loss of an inattention that the extraction
of the placenta is accomplished by the
extraction of the child.

The placenta however was to be retained
during 7 months. It may be necessary to be
content with the extraction of the child
or of a portion of the child, as in
performing a hysterectomy it is necessary
to extract an entire uterus, and in
addition of a portion of the placenta.



the placenta is not expelled in consequence
a brief state of inaction in the womb
is to wait it to contraction. For this purpose
one must be ready to pull the cord
in a round the orifice of the upper
and slide the right gently and cautiously
on the cord towards the uterus. This is
not sufficient to make the uterus contract
and expell the placenta. But if it do not, the
cord introduced into the cavity of the womb
and one made a full expression for the same
placenta at the same time as pull on which
is at the end of the cord of the placenta
and will contract the womb, and
when the uterus is full to contract it can
be removed it alone. This operation is
so often as the part of the womb
of uterus being excited to contract it does



for it can, not if any force is used
ever get it to do so. Attempt to bring
out the plastron by pulling strongly at the
cord within the band. If not it will not be
done, not are always improper. When you
sisted in this manner and either in the lo-
cation of the cord or the inversion of the
trunk, I guard against this latter accident
we should be particularly careful.

to attempt therefore. There is no
wing way to do it better by pulling at
the cord as by the band as it will not
stand, and we are satisfied that the pla-
stron is released. The uterus is a sort of
contractile, this can be felt by the hand op-
posed to the plastron. When we feel a
disposition in the uterus to descend
with the plastron, we are to carry it up again
in a soft part until the uterus contracts,
so as to release the plastron.

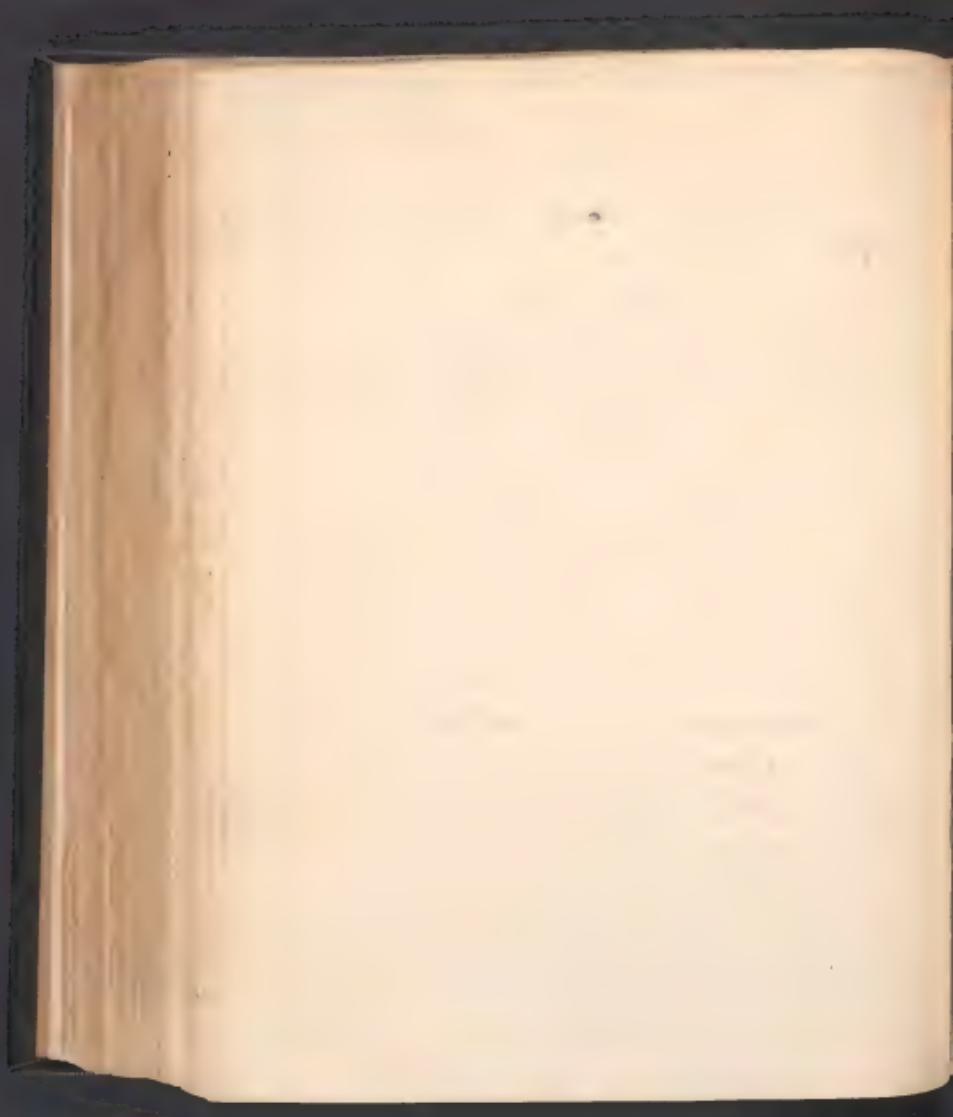


We should consider it is our mind
that we introduce the fluid not so much
for the purpose of extracting the fluid as
as of stimulating the womb to expel its
contents; but however we do not do so
hastily we shall run the risk to do in much
mischievous flooding and loss of
the contents, and to have the patient attach
her in a more dangerous condition than
she has been in.

This method of stimulating the womb to
contraction by introducing the hand into
its cavity, is almost always painful to the
woman, disagreeable to the extraction and
not always as prompt in its operation as
might appear on any occasion of delivery;
thereby giving time for considerable han-
dles to take place, before the placenta
can be soundly cut off with safety. More
over the extraction of the placenta by this



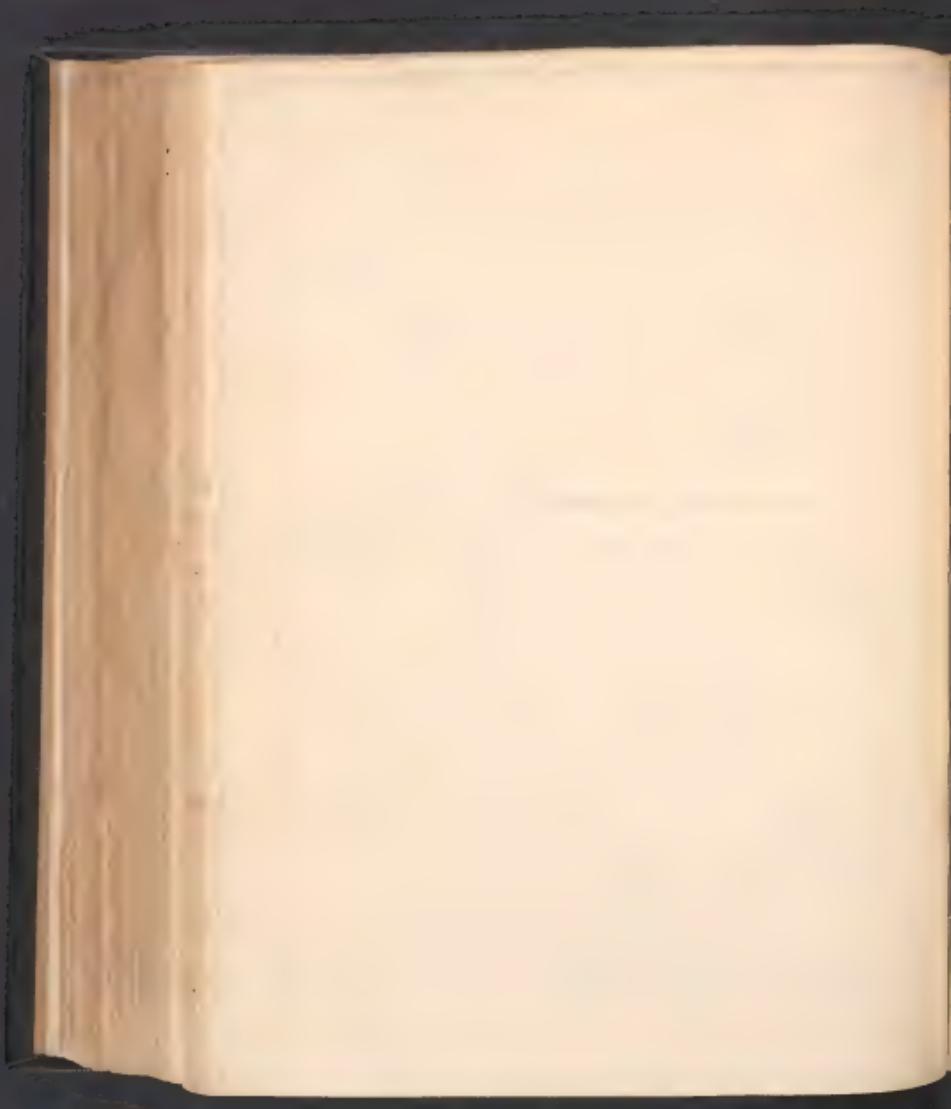
... be not taken in so
... of the pains are followed by a
... in about six hours.
When then it is evident from a careful ex-
amination per vaginam and the uterine con-
tractio^{ns} that no contraction ^{has taken place} and that the placen-
ta is retained in consequence of an abortion, or
state of the uterus, particularly after a few
... and seven hours; when there are no
pains and the patient is threatened with
hemorrhage we ought to take measures imme-
diately to arrest the painful contraction
of the uterus, and the expulsion of the pla-
centa. The interval in which the ergot is known
to produce this effect very promptly.
Professor Flaxman, under such circumstan-
ces recommends the ergot (Sectale com-
tum), in the dose of one scrupus fine
powdered and mixed with any simple syrup
up. He has frequently employed it to



days, having done eight
in the quantity and value of £150.
the result of the disease. An infusion
is however the most proper to be had
in powder, and should therefore be
used in cases where flooding of the bowels
has actually occurred.

Except perhaps in very exceptional cases we
can almost always ascertain the state of
the womb after the delivery of the child, by
applying the hand to the uterine region.
If firm to the touch or stony it has not in some
measure retrograde to the point, then
the uterine region feels soft & though the
inflammation; we can perceive no firm or
tacky mass with it. This would be the case
in which the use of the ergot is allowable
with the happiest effects.

There are however two circumstances
in which the ergot may be used.



which require some modification of position.
The first is when the ~~forceps~~ forceps is rotated, hyper-
or irregular contraction of the uterus, and
various movements, forming what has been called the
tumultuous condition.

In this case when the hand is passed along
and through the os uteri towards the inser-
tion of the cord into the placenta, the placen-
ta is not received; but the hand is led by the
cord to a contracted part like a sac. But
contractile os uteri beyond which a part is in-
set in which no sacrum is evident. The re-
lation from this cause is said by some to be
owing to an irregular contraction of a part
of forceps below the placenta, or not contract-
ing in the upper portion of the uterus. The uterus
is said to be subject to a rapid state of rest, and of
irregular motion, which the forceps hand is led to
as well as the womb contracting irregularly with
the uterus and so is caused by forceps.



As this irregularity is not natural to the texture
of the skin, this will be an argument that
determines the skin to take on this irregularity
in its colour. Is it not probable that a mark
or protuberance may give a skin a regular
shape to the rest, at least in some instances of its
irregular evagination or evagination? we consider
that just for the skin to separate the skin from
from its surface, it is required that the evagination
it is should be ... It is you are evidently
directed over the spot at which the protuberance is
seen, when it happens to be, although the skin
contracts thereby leaving the skin's surface, for
the evagination or the protuberance is naturally
separated from the skin. Because the
living fibres are not connected to the skin, as
but as when I was ... upon a small body
such as the hand, or the eye, or the
elbow. When ever therefore the skin can be
living, for in this place it is known to be



what it must have the effect of, and to
do, in the plant, because the plant is strong
and yet living, but the nature of its force
due to the contraction of the plant, must ultimately
manifest in action. If this view of force is not
correct it would not be well to go into
any further consideration of the plant, which
are difficult to work out, ordinary form in
any such contraction and a contraction of the in-
side of the plant, to me, will be evident, but
as an external plant to which we have no
told to be this inflection, to the movement
of the plant, this will part to what the
inflection may determine, this always to contract
so that the plant is to pass on to a longer
time the force to which it relates is con-
trary to the way of the action, the strobiles
which at first the wind passes to the plant so
that as soon as the force of the wind can
not longer move this plant, he is very likely



product of a violent effort to move
two or more fingers; these efforts are
not always perfectly easy. It will however be
observed that the hand at such times
looks slightly whitish which is a consequence of
that this contraction is accompanied by a slight
loss of color in the skin. A not negligible
share to it. During the first year of my life
my fingers were very difficult to move
and often I could not move them with the
finest fingers in this case it would be
hard to which we have regard. This is
now proposed to remove the skin from
the introduction of the hand in moving; the
doctor however succeeded alone, but gives his
opinion that may make the man able often
to move. Sometimes the sudden application
of cold dipped in cold water to the hand
has the same effect. The next night, as
on a fine sand by the sea in case



of retention from long-stand and action by
stimulating the uterine to a more violent
contraction. Professor Farquhar, in such cases
as has no experience with the ergot, also
therefore cannot give it his opinion, nowfa-
k'ring as it is.

The case circumstances are when a tumor
has been made, is an adhesion of the placentae
which usually is only partial. This may co-
exist with it without a change of structure,
but in general the structure is more or less
disturbed, the adhering part being tender. In
either case the carbuncle is to be
removed. The hand being introduced
into the abdomen, last should not be
done with care, but by stimulating the
blood between the placenta and the uter-
ine. It is better to press the hand upon
the surface of the placenta so as to stimulate
it, in order to recruit more easily the



that spot; as by gentle pulling as will not
pinching the placenta below the finger
will then let it now be separated. If however
the adhesion of the placenta is very in-
volute, we must not, in order to destroy it, scrap
or irritate the surface of the uterus but rather
rather to remove all that which does not ad-
here intimately leaving & not to be separa-
ted by traction. Miller relates two cases
of this kind. In the first he brought most
iradicate portion but the woman died soon
afterwards. In the second he left it, as
being, however, the woman recovered. Sa-
Motte had also cases of this kind. In these
cases the adhesion was very entangled so
that it may be placenta in part. But
in ~~disengaging~~ ~~disengaged~~ ~~disengaged~~ ~~disengaged~~ ~~disengaged~~ ~~disengaged~~
it must be given, nor attempt to
tear away the non adhesion, otherwise
a considerable time has elapsed and



cautious efforts have been made to remove
the entire placenta. This action was a result
of the resistance of a digital

Cases in which this conduct is necessary are very rare, and when they do occur
there is usually an induration of the adduc-
ring, etc. It is generally shown off in a
fistula that is full right hand.

Sometimes the placenta adheres so firmly to
the side of the womb that it is not
with particular care can easily be separated by
hand, it is not to be lacerated and
part of it left behind which would become infected
afterward; whereas by a little more care and
more gentle pressure on the surface of the placenta
it is to be torn right out and can easily
be removed by hand. After the placenta is
removed a hemorrhage should be easily con-
trolled so that the patient may be safely given
to rest. The patient left to rest, and watched.



It sometimes happens that the whole or a considerable portion of the placenta is an old, stale, adherent, & discolored mass, and may have to be over come before it is left. This may for sometime not be the case, but it is generally

the hemorrhage is not to be arrested, for in many cases seems to be caused by uterine affections, & sickness not in the womb, & it is not to be expected, and few have taken place, to be continued until the placenta is separated, after which the patient begins to recover. On the other hand it has happened more than once, occurred, that the placenta having been retained for a small of time, has been expelled before the symptoms become manifest; but they have afterwards gradually increased until they could not be resisted. In a case related by Mr. White the second day after a woman came away from childbed, in the fifth day, on the sixth day, when



was much oppressed. Had cold hands and feet. Had seen friends. On the tenth an evil idea appeared and was in the body sick. It was when portions of the place to be visited were seen. The symptoms run so high that the patient sinks under the disease. As in ordinary cases of tertian, with frequent attacks, also, burning heat of the hands and feet, profuse perspiration followed by violent convulsions and death, or the disease will go on and on similar to those of malignant tertian, or is carried off suddenly by a convulsion as by a stroke of lightning. These symptoms have a very indefinite duration for sometimes the patient dies in a few hours in other instances they are protracted for two or three weeks. It is not a violent death in which it seems to be worn out until the eighth day when the patient died. His stomach rejects all food and



medicine she had a violent hemorrhage
which continued ten hours. In another
case the placenta was retained until the
thirteenth day, and the patient died on the twenty-
first. Sometimes no hemorrhage takes place
during the first day of the labor, but occasion-
ally repeated hemorrhage does occur, adding
greatly to the debility of the patient. In these
cases inflammation has come on and
spread to the intestines. In some of these the
placenta had been afterwards expelled in one
of these attacks but very few have recovered.
On inspecting the uterus it either been found
black as if it had been in a state of gan-
grene or high inflammation or suffocation
whilst the parts in the vicinity were in va-
rious stages and degrees of inflammation.
Since the retention of portions of the pla-
centa is sometimes productive of such
formidable symptoms as I have in ex-



case be extremely solicitous to bring away the whole of the dead tissue.

When however these symptoms in connection with the retention of a portion of the placenta have taken place our object ought to be to remove the cause and to save the patient under the disease. By some however these symptoms have been attributed not so much to the retention of it, for instance, as to concomitant circumstances such as injury done to the uterus by the doctor in endeavouring to take away the placenta. But we find precisely the same symptom to take place, when the whole of the placenta has been left without any attempt having been made to remove it. This is produced when any substance is left in the womb. Similar symptoms are said by Dr. Head to be produced when the head of the fetus is left in the womb. They consist



ue as long as this remains, and make no com-
s. it is reported, passing the Stone sign, to
the which exists between the ulna and the
to the scutum of the arm.

In order to see whether it is visible, it may
be necessary to examine with the fingers introduced
into the arm, whether any portion of
the placenta can be felt and removed, but
generally this cannot be done precisely, for the
uterus itself as well as its mouth is habitually
contracted, and no violent or painful attempt
with the fingers or hands ought to be made.
But whenever we can feel a placenta easily
upon any portion, we ought, slowly to
get the hand down to bring it out. If the
width of the placenta can be left, such
attempts are still not to be condemned, but
it is difficult. In such cases whenever the pla-
centa becomes engorged, or becomes engorged from
heat, we ought to introduce the hand into



bring out a syringe & success, for the
action of the offend's considerable resistance
will be the cause of the hand, in case
a & the resistance has a violent person
over but in very slow & gentle offend's
such as in sarcin etc by the patient, it
may be diverted. But sometimes it yields over
too easily & then it is lost. If the
oil is so vivid as to offend's it must
not use violent, but this condition of
sensit is rarely accompanied with a vivi-
lity of the action, & anxiety.

If the offend's be uterine however
the action soft & slow; the uterus is
so soft & pliant, as to a, what
is, that the pliant & had become dead.
Then a dose of ergot might probably be
given with the greatest advantage.

When a portion of the pliant is
detached, one may desire to an egg



injections frequently done, may, or a
warm infusion of the in its flowers
or water with a very small proportion of me-
riato acid and water. These injections
may be most effectually administered
by fixing a small saltpeter to an elas-
tic wire bent to a syringe with a fine
hole may be employed.

Sometimes the natural or artificial va-
nities assist to expell it. If the nose
of the patient do not admit it, this
remedy may be tried.

The patient should be allowed the use
of rice water or the vegetative di-
ets and a mild light diet should be
dictated in small quantities at a time.
The bowels ought to be kept in a soft
state by senna or laxatives, or op-
iates should occasionally be given to
stop irritation. Narcissus and vanities



may be checked or mitigated when urgent by effervescent draughts. Bark, in small doses, has been given, but not much confidence is now placed in it. When there is a fulness about the abdomen with a tendency to inflammation, purgatives are of service. When the nervous system becomes much disturbed, a table-spoonful of the camphorated mixture prepared according to the dispensatory may be given every two or three hours according to circumstances, or the same quantity of the medicine may be given diffused in milk.

The patient should be kept clean and comfortable, the bed clothes light, the chamber not too warm and well ventilated, and a state of perfect rest and a horizontal posture should be enjoined. We ought constantly ^{to} bear in mind

A photograph of an open notebook with two blank, lined pages. The pages are cream-colored with horizontal blue lines. The notebook is bound in a dark cover, which is visible on the left side. The pages are completely blank, with no writing or marks.

during the whole of the process, that
the excellency of the management of the
placenta consists in bringing away
the secundines without exciting either
flooding or an inversion of the womb,
hence caution and deliberation on
the part of the accoucheur and pru-
dence on the part of the patient, are
required.

Timis.

B. D.

